

**REQUEST FOR EXCUSAL FROM JURY DUTY
CAREGIVER**

(Must be completed by a licensed physician)

This individual has asked to be excused from jury duty since he/she is the caretaker of your patient. Please complete this form- be certain all information is legible- and return to the Jury Commissioner's Office.

NAME OF JUROR(CAREGIVER): _____

DATE OF JURY SUMMONS: _____

JUROR IDENTIFICATION NUMBER: _____

PATIENT: _____

PATIENT'S DATE OF BIRTH: _____

This patient is under my care for the following medical/health condition(s):

which requires him/her to have constant care.

PHYSICIAN'S NAME: _____

PHYSICIAN'S ADDRESS: _____

PHYSICIAN'S PHONE NUMBER: _____

I certify under the penalty of perjury that the above is true and accurate to the best of my information, knowledge, and belief and within a reasonable degree of medical certainty.

PHYSICIAN'S SIGNATURE

DATE

**PLEASE SUBMIT TO THE JURY COMMISSIONER
HARFORD COUNTY CIRCUIT COURT
20 W. COURTLAND STREET
BEL AIR, MD
PHONE: 410-638-3251/410-838-3172
FAX: 410-638-4184**